

Credit Card – Refund Request Form

MERCHANT INFORMATION:

Merchant Name: LANL – Treasury Office

Merchant Address: P.O. Box 1663, MS P231

Los Alamos, NM 87545

Merchant Telephone: 505-667-4090 Merchant Fax: 505-606-0102

1. Original Transaction Date: _____

2. Transaction Amount: \$ _____

4. Z number: _____ Work Phone Number: _____

5. Name on credit card (exact name): _____

6. Credit Card Number: _____

7. Type of credit card: ☐ MC ☐ VISA ☐ DISCOVER

8. Credit card - Expiration date: _____

9. Billing address: _____

10. Authorization #: (merchant use only) _____

11. Reason for Refund _____

Requester's Name/Date

Cash Receipts Accountant Approval Name/Date